#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

### **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

**Facility Name: BROOKSIDE CBRF (0009132)** 

Address: 2405 S BROOKSIDE PKWY, NEW BERLIN, WI 531512905

License Status: REGULAR

Licensed/Certified/Registered 05/01/2001

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Survey ID: 0096844 End Date: 04/11/2006 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10009150 Served 05/05/2006

Deficiencies Cited Subject Area Subject Area Subject Area Corrected

83.33(3)(a)1 PRACTITIONER'S WRITTEN ORDER FOR MEDS

83.43(3)(b)1 TESTING BY SERVICE COMPANY

Survey ID: 0093847 End Date: 11/10/2004 Type: OTHER Purpose: COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

Compliance

STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Survey ID: 0091679 End Date: 11/11/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008640 Served 12/17/2003

			Compilative	
Deficiencie	es Cited	Subject Area	<u>Veri fied</u>	Corrected
13.05(3)(a)	)	ENTITY ALLEGATION REPORTING REQUIREMENTS	11/10/2004	Yes
83.13(4)(a)	)	COMMUNICABLE DISEASE CONTROL	11/10/2004	Yes
83.42(3)(f)		SLEEPING HOURS EVACUATION DRILL	11/10/2004	Yes
83.43(7)(b)	)	INSTALLATION AND MAINTENANCE	11/10/2004	Yes

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 05/04/2006 SOD #10009150 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.43(3)(b)1

Date: 12/15/2003 SOD #10008640 Appealed: No

**Sanctions** 

PROVIDE TRAINING OTHER SANCTION

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